



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

C. Thomas Keegel, Treasurer
Democrat, Republican, Independent
Voter Education, Drive-PAC
for International Brotherhood of Teamsters
25 Louisiana Avenue, N.W.
Washington, DC 20001

APR 12 2000

Identification Number: C0032979

Reference: Year End Report (12/1/99-12/31/99)

Dear Mr. Keegel:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a receipt(s) from an organization(s) that is not registered with the Commission. 2 U.S.C. §441b prohibits the receipt of funds from national banks, corporations, and labor organizations. Under 11 CFR §102.6, however, certain entities may serve as collecting agents for the purpose of transmitting contributions to a separate segregated fund. A collecting agent may be, but is not limited to, a committee which is affiliated with the separate segregated fund; the connected organization; or a local, national, or international union.

Funds received from a collecting agent are to be attributed to the original contributors and should be disclosed according to the requirements of 11 CFR §104.3(a). If the amounts in question were contributed by individuals and transmitted to your committee by a collecting agent, the activity should be included on Line 11(a)(i) of the Detailed Summary Page. Any contribution from an individual exceeding \$200 in the aggregate during the calendar year should be itemized on a supporting Schedule A. Collecting

DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION, DRIVE - PAC
FOR INTERNATIONAL BROTHERHOOD OF TEAMSTERS

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agents need not be identified on your report.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received funds from an entity which was not serving as a collecting agent, you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donors in accordance with 11 CFR §103.3(b). In the best interest of your committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. In order to protect the donor's interests, the Commission recommends that you inform the possible involuntary contributors in writing to provide the donors with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts will be taken into consideration.

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee and its affiliates from making a contribution to a candidate for federal office in excess of \$5,000 per election.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION, DRIVE - PAC
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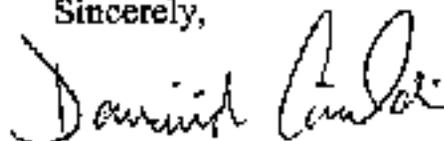
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Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Dominick Ciaraldi
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
DANE - Democrat, Republican, Independent Voter Education - PAC for Int'l Brotherhood of Teamsters

Handwritten: DNE

Handwritten: DNE

A. Full Name, Mailing Address and ZIP Code TEAMSTERS LOCAL UNION 407 PAC 3150 CHESTER AVENUE CLEVELAND, OH 44114	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/29/99	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 15,060.72

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$

SUBTOTAL of Receipts This Page (optional)	15,060.72
TOTAL This Period (last page this line number only)	15,060.72

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Teamsters Local No. 115 Political Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HRC Exploratory Committee 450 Seventh Avenue, Suite 804 New York, NY 10123-0073	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD: \$3,000.00	9/27/99	\$3,000.00
B. Full Name, Mailing Address and ZIP Code Philadelphia Area Teamsters Political Action Committee 2833 Cottman Avenue Philadelphia, PA 19149	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD: \$3,500.00	10/18/99	\$3,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$6,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 3 OF 4
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DRAVE - Democrat, Republican, Independent Voter Education - PAC for INT Brotherhood of Teamsters

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TOM ALLEN FOR CONGRESS P.O. BOX 17766 PORTLAND, ME 04412	TOM ALLEN, U.S. HOUSE 1st ME Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/22/99	5,000.00
B. Full Name, Mailing Address and ZIP Code SCHAKOWSKY FOR CONGRESS 9090 GROVE STE 202 EVANSTON, IL 60201	Purpose of Disbursement JAN SCHAKOWSKY, US HOUSE 18th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/22/99	5,000.00
C. Full Name, Mailing Address and ZIP Code COSTELLO FOR CONGRESS CMTE P.O. BOX 8250 BELLEVILLE, IL 62220	Purpose of Disbursement JERRY COSTELLO, U.S. HOUSE 12th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/22/99	5,000.00
D. Full Name, Mailing Address and ZIP Code DEBBIE STABENOW FOR US SENATE PO BOX 4945 EAST LANSING, MI 48826	Purpose of Disbursement DEBBIE STABENOW, U.S. SENATE MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/22/99	4,800.00 <i>pac</i>
E. Full Name, Mailing Address and ZIP Code HILLARY CLINTON FOR SENATE 1730 M STREET, NW STE 413 WASHINGTON, DC 20036	Purpose of Disbursement HILLARY CLINTON, U.S. SENATE NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/22/99	6,000.00
F. Full Name, Mailing Address and ZIP Code HILLARY CLINTON FOR SENATE 1730 M STREET, NW STE 413 WASHINGTON, DC 20036	Purpose of Disbursement HILLARY CLINTON, U.S. SENATE NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/22/99	5,000.00 <i>pac</i>
G. Full Name, Mailing Address and ZIP Code HILLARY CLINTON FOR SENATE 1730 M STREET, NW STE 413 WASHINGTON, DC 20036	Purpose of Disbursement VOID CHECK - ORIG DATE 12/22/99 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/27/99	-5,000.00
H. Full Name, Mailing Address and ZIP Code HILLARY CLINTON FOR SENATE 1730 M STREET, NW STE 413 WASHINGTON, DC 20036	Purpose of Disbursement VOID CHECK - ORIG DATE 12/22/99 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/27/99	-5,000.00
I. Full Name, Mailing Address and ZIP Code TOM ALLEN FOR CONGRESS P.O. BOX 17766 PORTLAND, ME 04412	Purpose of Disbursement VOID CHECK - ORIG DATE 12/22/99 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/27/99	-5,000.00

SUBTOTAL of Disbursements This Page (optional)

14,800.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

DRIVE - Democrat, Republican, Independent Voter Education - PAC for Int'l Brotherhood of Teamsters

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HILLARY CLINTON FOR SENATE 1730 M STREET, NW STE 413 WASHINGTON, DC 20036	HILLARY CLINTON, U.S. SENATE NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/28/99	5,000.00
HILLARY CLINTON FOR SENATE 1730 M STREET, NW STE 418 WASHINGTON, DC 20036	HILLARY CLINTON, U.S. SENATE NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/28/99	5,000.00
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE 430 S. CAPITOL STREET, SE WASHINGTON, DC 20003	NAT'L PARTY COMTE - FEDERAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1999 Year	12/28/99	15,000.00
CITZNS FOR ELEANOR HOLMES NORTON PO BOX 70826 WASHINGTON, DC 20024	VOID CHECK - ORIG DATE 6/4/99 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/31/99	-1,000.00
GGRE 2000 P.O. BOX 18237 WASHINGTON, DC 20036-8237	VOID CHECK - ORIG DATE 6/4/99 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/31/99	-1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

23,000.00

TOTAL This Period (last page this line number only)

108,300.00

